

## Topic: Normal Business Operations

This newsletter addresses some operational questions health plan administrators (HPAs) may have in the course of doing business with the HCTC program.

### Re-enrolling Individuals

Participants are responsible for reconciling any outstanding balances directly with their HPA. If an HPA chooses to cancel an HCTC participant for a late or unpaid premium, and the participant subsequently requests consideration for re-enrollment, the HPA should follow their usual business guidelines when determining whether or not to allow that individual to re-enroll.

### Acceptance of Individuals Who Reside in Other States

HPAs who offer state-qualified options may receive inquiries from HCTC-eligible individuals who reside in states other than the one in which the plan is located. HPAs should follow their standard business practices when deciding whether to enroll an out-of-state HCTC-eligible individual.

### Switching Between State-Qualified Options

HPAs that offer more than one state-qualified option may receive requests from HCTC participants to switch options. The HPA should use their standard business practices in deciding whether or not to allow HCTC participants to switch between available state-qualified options. If a participant switches options, the HCTC program requires time to process the change. HPAs should be aware that the program is dependent on receiving new invoice verification documents from the participants in order to make payments. Due to the time required to process the change, the amount of the payment may not correctly match the amount on the new invoice. If a discrepancy occurs, the participant is advised to make payment arrangements directly to their HPA.

If you have questions, please call the HCTC Customer Contact Center at: **1-866-628-HCTC**

### Enrollment of Dependents

HPAs should follow the Health Insurance Portability and Accountability Act (HIPAA) rules when enrolling dependents of members who are HCTC program participants. The HIPAA rules include:

- Dependents who wish to enroll must meet HCTC eligibility requirements. If dependents do not meet these requirements, HPAs may be contacted by individuals to break out the costs of their coverage.
- Prohibition of late enrollment, i.e. enrollment outside of the aforementioned situations, is at the discretion of the health plan administrator.
- Individuals who add or remove family members must re-enroll with the HCTC program and provide a new invoice/COBRA election notice to reflect the new premium amount. HPAs may receive requests from individuals requesting this documentation.

Note: The HIPAA rules regarding pre-existing condition waiting periods are not applicable to HCTC eligible individuals enrolled in state-qualified coverage who have at least three months of creditable coverage, nor do they apply to their qualifying family members. One of the criteria for HCTC state-qualified coverage requires that no pre-existing condition waiting period may be applied to such qualifying individuals.

### Timeliness of Premium Receipt by HPAs

HPAs should follow their normal business policies with regard to late or unpaid premiums of HCTC participants. Please note electronic funds transfers (EFT) are received on the day of electronic disbursement. Paper checks are sent via the United States Postal Service and delivery may take up to 7-10 days. If a paper check has not been received within 10 days from the date of disbursement, the HPA may want to verify that the paper check was not internally misrouted.

